Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

indation)

2009

OMB No 1545-0047

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 10-01-2009 and ending 09-30-2010 D Employer identification number B Check if applicable Please MONTEREY HISTORY & ART ASSOCIATION LTD use IRS label or 94-1517208 Address change E Telephone number print or type. See Name change (831) 372-2608 ☐ Initial return Specific Number and street (or P O box if mail is not delivered to street address) Room/suite Instruc-G Gross receipts \$ 1,383,281 5 CUSTOM HOUSE PLAZA Terminated tions. Amended return City or town, state or country, and ZIP + 4 MONTEREY, CA 93940 Application pending Name and address of principal officer **H(a)** Is this a group return for PAM CROWE-WEISBERG affiliates? 5 CUSTOM HOUSE PLAZA MONTEREY, CA 93940 H(b) Are all affiliates included? If "No," attach a list (see instructions) Tax-exempt status Group exemption number Website: ► http://www.montereyhistory.org L Year of formation 1931 M State of legal domicile CA Part I Summary Briefly describe the organization's mission or most significant activities THE MONTEREY HISTORY AND ART ASSOCIATION SHARES THE HISTORIES AND THE DIVERSE LEGACIES OF PEOPLE, STORIES, AND PLACES THAT CONTINUE TO SHAPE MONTEREY Activities & Governance Check this box 📂 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 14 Number of independent voting members of the governing body (Part VI, line 1b) . . . 14 Total number of employees (Part V, line 2a) . . Total number of volunteers (estimate if necessary) . 0 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 . Net unrelated business taxable income from Form 990-T, line 34 7b Contributions and grants (Part VIII, line 1h) . 108,685 42,958 Program service revenue (Part VIII, line 2g) . 41.009 11.372 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 44,594 174.924 10 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 6,364 819 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 200,652 230.073 0 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), line 4) . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-Expenses 224,131 282.736 Professional fundraising fees (Part IX, column (A), line 11e) . . 16a 0 Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 35,805 ь **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 361,707 421,580 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 585,838 704,316 Revenue less expenses Subtract line 18 from line 12 . -385,186 -474,243 19 Not Assets or Fund Balances **Beginning of Current End of Year** Year 4,777,405 20 Total assets (Part X, line 16) . 5,309,185 21 Total liabilities (Part X, line 26) . 271,214 22,206 Net assets or fund balances Subtract line 21 from line 20 5,037,971 4,755,199 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sian ***** 2011-08-15 Signature of officer Here TOM HOOD President Type or print name and title Date Check if Preparer's identifying number Preparer's Michael Brilev (see instructions) Paid empolyed 🕨 🦵 Preparer's Firm's name (or yours HAYASHI & WAYLAND CPAS EIN ▶ if self-employed), **Use Only** address, and ZIP + 4 660 CAMINO AGUAJITO STE 300 Phone no (831) 759-6300 MONTEREY, CA 939403654 Yes | No May the IRS discuss this return with the preparer shown above? (see instructions) . . .

Part III Statement of Program Service Accomplishments 1 Briefly describe the organization's mission

Total program service expenses►\$

THE MONTEREY HISTORY AND ART ASSOCIATION SHARES THE HISTORIES AND THE DIVERSE LEGACIES OF PEOPLE, STORIES, AND PLACES THAT CONTINUE TO SHAPE MONTEREY

2		on undertake any significa O or 990-EZ?		ing the year which		Yes ✓ No
	If "Yes," describe	these new services on Sch	nedule O			
3		on cease conducting, or m			s, any program	Yes 🔽 No
	If "Yes," describe	these changes on Schedu	e O			
4	Section 501(c)(3)		ons and section 4947(a)	(1) trusts are req	t program services by exp uired to report the amount e reported	
	(Code) (Expenses \$	264,956 including gr	ants of \$) (Revenue \$	5,078)
	THE MARITIME MUSE	EUM IS MAINTAINED TO PRESER	VE HISTORIC ADOBE HOMES,	BUILDINGS, BOOKS, F	PICTURES, COSTUMES, PAINTING	SS, AND OTHER ARTIFACTS
4Ь) (Expenses \$ PRESERVATION - MAINTAINS AN HIS HISTORIC ARCHITECTURE	156,124 including gr ND PRESERVES HISTORIC BUIL	·) (Revenue \$ THE PUBLIC REGULARLY WALK	6,294) THE MONTEREY PATH OF
4c	(Code) (Expenses \$	ıncludıng gra	ants of \$) (Revenue \$)
	-					
4d	Other program set (Expenses \$	ervices (Describe in Sche inclu	dule O) ding grants of\$) (1	Revenue \$)

421,080

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Į		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III</i>	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

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Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		N o
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V	Statements	Regarding	Other T	RS Filings	and Tax	Compliance
	Statements	ncgar ang	Other 1	.KS i iiiiigs	and rax	Compilance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal		163	NO
	of U.S. Information Returns . Enter -0- if not applicable			
	1a 14	-		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		No
_	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
Ь	If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		No
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		No
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Νo
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Νo
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		No
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
		8		Νo
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		No
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νo
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities Social F01(a)(12) approximations Enter			
11	Section 501(c)(12) organizations. Enter Gross uncome from members or shareholders			
	Gross income from members or shareholders			
ט	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Νo
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	veal 1 220 I			

5 CUSTOM HOUSE PLAZA MONTEREY, CA 93940 (831) 372-2608

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body 1a 14						
Ь	Enter the number of voting members that are independent 14						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νo			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο			
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο			
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	Yes				
6	Does the organization have members or stockholders?	6	Yes				
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes				
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а	The governing body?	8a	Yes				
ь	Each committee with authority to act on behalf of the governing body?	8b		Νο			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo			
	ction B. Policies (This Section B requests information about policies not required by the Internal						
ке	venue Code.)		Yes	No			
10-	Does the organization have local chapters, branches, or affiliates?	10a	1 63	No			
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	104		110			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		Νo			
11	1 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form						
11A	LIA Describe in Schedule O the process, if any, used by the organization to review the Form 990						
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes				
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise						
	to conflicts?	12b	Yes				
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		Νo			
13	Does the organization have a written whistleblower policy?	13		Νo			
14	Does the organization have a written document retention and destruction policy?	14		Νo			
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a	Yes				
b	Other officers or key employees of the organization	15b		Νo			
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο			
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the						
	organization's exempt status with respect to such arrangements?	16b		Νo			
	ction C. Disclosure						
17	List the States with which a copy of this Form 990 is required to be filed ►CA						
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table						
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ıe orga	nızatıor	ր ┣╾			
	DEBBIE SOARES						

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- ◆ List all of the organization's current key employees See instructions for definition of "key employee"
- ♦ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- ◆ List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did n	ot compens	ate any	curr	ent d	r fo	rmer o	ffice	r, dırector, trustee o	or key employee	
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other
	per week	individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
VVONNE ASCHER Director	1 00	Х						0	0	0
TOM HOOD President	1 00	Х		Х				0	0	0
SHARON MANEY LOMANTO Director	1 00	х						0	0	0
SANDY YAGYU Director	1 00	х						0	0	0
RANKO RADOMAN Director	1 00	х						0	0	0
PAT CONIGLIO Director	1 00	х						0	0	0
PAM CROWE-WEISBERG Executive Direc	40 00			х				22,750	0	0
MIKE MCMASTER Director	1 00	х						0	0	0
MARK BAER Director	1 00	х						0	0	0
LYMAN HAMILTON Director	1 00	Х						0	0	0
JOHN ENNS Treasurer	1 00	Х		Х				0	0	0
ERIC SAND Director	1 00	Х						0	0	0
EMILY GRIFFITH Director	1 00	Х						0	0	0
BONNIE BAKER Director	1 00	Х						0	0	0
BILL WOJTKOWSKI Director	1 00	Х						0	0	0

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1b	Total			
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization •0			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule I for such person	5		No
s	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization			
	(A) Name and business address (B) Description of services		Compe	
	Total number of independent contractors (including but not limited to those listed above) who received more than		•	

\$100,000 in compensation from the organization 🕒

Form **990** (2009)

Form 99		Statement o	f Revenue					Page 9
rait		Statement	revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
\$ £	1a	Federated cam	paigns 1a					
듄	ь	Membership du	es 1b	22,700				
g.≝	c	Fundraising eve	ents 1c					
ž ž	d	Related organiz	ations 1d					
چ <u>ر</u> ≣	e	Government grants	s (contributions) 1e					
Contributions, gifts, grants and other similar amounts	f		ons, gifts, grants, and 1f	20,258				İ
돌	g	similar amounts no	t included above butions included in					
들유								
ō E	h		s 1a-1f	▶	42,958			
				Business Code				
Program Service Revenue	2a	STANTON CENTER			5,078	5,078		
e Ke	ь	PUBLICATIONS - O	THER		1,888	1,888		
or Œ	c	HISTORIC MONTER	_		705	705		
¥.	d	EDUCATION PROG	<u> </u>		1,375	1,375		
33		COOKBOOK LUNCH			· ·			
Ē	e				1,600	1,600		
٥	f	All other progra	ım service revenue		726	726		
4	g	Total. Add lines	32a-2f		11,372			
	3	Investment inc	ome (including dividen	ds, interest				
			aramounts)		14,550			14,550
	4		tment of tax-exempt bond		0			
	5	Royalties			0			
	_		(i) Real	(II) Personal				
	6a	Gross Rents Less rental	53,934 71,109					
	b	expenses	,					
	C	Rental income or (loss)	-17,175					
	d	Net rental inco	me or (loss)	•	-17,175	-17,175		
	7a	Gross amount from sales of	(ı) Securities 1,220,000	(II) O ther				
		assets other						
	ь	than inventory Less cost or	1,059,626					
		other basis and sales expenses						
	c	Gain or (loss)	160,374					
	d	Net gaın or (los	s)		160,374	160,374		
e H	8a	Gross income f events (not inc						
Other Revenue		\$of contributions See Part IV, lin	reported on line 1c)					
<u>.</u>			а	30,309				
‡	Ь		penses b	17,508				
0	С		loss) from fundraising	events 🟲	12,801	-923		13,724
	9a	Gross income f See Part IV, lin	rom gaming activities e 19					
	Ь	Less directex	penses b					
	c		loss) from gaming activ	vities	0			
	10a	Gross sales of	inventory, less					
		returns and allo						
	_		a	10,158				
	b	_	oods sold b	4,965	5,193			5,193
	С	Net income or (loss) from sales of inve	Business Code	5,193			5,193
	11a	miscellaneous	o veneune	Dusiness Code				
								1
	b							
	°	A.II						-
	d	All other reven						
	e	iotal. Add lines	s 11a-11d		0			
	12	Total revenue	See Instructions	▶				<u> </u>
		a c v ciluci		- •				1

230,073

153,648

Do not 7b, 8b,	Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must other organizations must complete column (A) but are not required to continuous include amounts reported on lines 6b, 9b, and 10b of Part VIII. Grants and other assistance to governments and organizations		ns (B), (C), and (B)	(D).	
Do not 7b, 8b,	other organizations must complete column (A) but are not required to conclude amounts reported on lines 6b, 9b, and 10b of Part VIII.	omplet e columi (A)	ns (B), (C), and (B)		
Do not 7b, 8b,	include amounts reported on lines 6b, 9b, and 10b of Part VIII.	(A)	(B)		7= 1
	Grants and other assistance to governments and organizations	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
	in the U.S. See Part IV, line 21	0		, g	
	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
(Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4 E	Benefits paid to or for members	0			
	Compensation of current officers, directors, trustees, and key employees	93,500	56,100	18,700	18,700
(Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 (Other salaries and wages	154,759	84,920	67,001	2,838
	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9 (Other employee benefits	11,633	6,631	4,072	930
10	Payroll taxes	22,844	13,021	7,995	1,828
11 F	Fees for services (non-employees)				
a i	Management	0			
b 1	Legal	0			
c A	Accounting	51,105		51,105	
d l	Lobbying	0			
e F	Professional fundraising See Part IV, line 17	0			
f I	Investment management fees	150		150	
	Other	6,060		6,060	
12	Advertising and promotion	13,015		1,506	11,509
13 (Office expenses	22,089	2,191	19,898	
14	Information technology	0			
	Royalties	0			
16	Occupancy	10,470	5,549	4,921	
	Travel	11,186		11,186	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
	Conferences, conventions, and meetings	0			
20 I	Interest	7,371		7,371	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	139,805	138,858	947	
23 I	Insurance	38,273		38,273	
ģ	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
	Postage and Shipping	2,101		2,101	
-	EXHIBITS	101,848	101,848	 	
c [DUES & SUBSCRIPTIONS	4,477		4,477	
d [DIRECT PRO GRAM	11,962	11,962		
e [BOARD & TRUSTEE EXPENSES	1,668		1,668	
f /	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24f	704,316	421,080	247,431	35,805
(Joint costs. Check here F if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	, ==			, -

Part X Balance Sheet (A) (B) End of year Beginning of year 1 0 1 2 123.455 2 178.139 16,297 0 3 3 4 2.250 4 6.455 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 0 6 Assets 7 8,800 11.849 8.246 8 6,861 0 9 5.268.286 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 2.515.933 b Less accumulated depreciation 10b 3.875.319 10c 2.752.353 0 11 11 1,452,759 12 908,249 12 Investments—other securities See Part IV, line 11 13 0 13 Investments—program-related See Part IV, line 11 . . 14 500 14 15 364,905 15 370,153 5,309,185 4,777,405 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 16 17 28,428 17 22,206 Accounts payable and accrued expenses . 18 18 19 19 Tax-exempt bond liabilities 20 20 Liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 199.849 23 23 Secured mortgages and notes payable to unrelated third parties . . Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities Complete Part X of Schedule D 42,937 25 26 **Total liabilities.** Add lines 17 through 25 271,214 22,206 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. Unrestricted net assets 3,809,150 3,526,379 27 27 687.013 687.012 28 Temporarily restricted net assets 28 Fund 541.808 29 541.808 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here 🕨 🥅 and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ĕ 33 Total net assets or fund balances 5,037,971 33 4,755,199 Total liabilities and net assets/fund balances 34 5.309.185 34 4,777,405

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b		Νo
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c		No
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both Separate basis Consolidated basis Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
Ja	Single Audit Act and OMB Circular A-133?	3a		Νο
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		Νο

Form **990** (2009)

SCHEDULE A Public

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ. See separate instructions.

2009

Inspection

Employer identification number Name of the organization MONTEREY HISTORY & ART ASSOCIATION LTD Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated Type III - Other Г Туре I **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11q(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizat col (i) list your gove docume	e ion in ted in rning	(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organizati col (i) orga	on in inized	(vii) A mount of support?
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

-	(Complete only if yo	ou checked the	box on line 5,	7, or 8 of Part 1.)			
	ection A. Public Support endar year (or fiscal year beginning						$\overline{}$	
Care	in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2	209	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	343,84	7 189,24	7 178,527	108,685		202,451	1,022,757
2	Tax revenues levied for the organization's benefit and either							
	paid to or expended on its behalf							0
3	The value of services or facilities furnished by a governmental unit to							0
_	the organization without charge	242.04	7 100.34	7 170 527	100.605		202.451	1 022 757
4 5	Total. Add lines 1 through 3 The portion of total contributions b each person (other than a	у 343,84	7 189,24	7 178,527	108,685		202,451	1,022,757
	governmental unit or publicly supported organization) included of line 1 that exceeds 2% of the	n						0
	amount shown on line 11, column (f)							
6	Public Support. Subtract line 5 from	n						1,022,757
	line 4 ection B. Total Support							
	endar year (or fiscal year beginning							
	in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	109	(f) Total
7	A mounts from line 4	343,847	85,919	178,527	108,685		202,451	1,022,757
8	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties and income from similar sources	58,285	85,919	103,580	44,594		176,924	469,302
9	Net income from unrelated business activities, whether or not the business is regularly carried on							0
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets							0
11	Total support (Add lines 7 through 10)							1,492,059
12	Gross receipts from related activit	ies, etc (See inst	ructions)			12		
13	First Five Years If the Form 990 is check this box and stop here			, third, fourth, or fi	fth tax year as a	501(c)(3) organiz	zation, ▶
	ection C. Computation of Pul			4.4 1 (0)				
14	Public Support Percentage for 200			11 column (f))		14		68 550 %
15	Public Support Percentage for 200	•	,			15		76 350 %
	33 1/3% support test—2009. If the and stop here. The organization quantum of the stop here.	alıfıes as a publıcl	y supported orga	nızatıon	,		•	►V
	33 1/3% support test—2008. If the box and stop here. The organizatio 10%-facts-and-circumstances test is 10% or more, and if the organization Part IV how the organization merorganization	n qualifies as a pu — 2009. If the orga ation meets the "fa	iblicly supported anization did not d acts and circums	organization check a box on line tances" test, chec	e 13, 16a, or 16b k this box and st	and line	14 Explain	▶ ┌
b	10%-facts-and-circumstances test	_						. ,
	15 is 10% or more, and if the orgal Explain in Part IV how the organiza supported organization	ition meets the "fa	acts and circums	tances" test The	organızatıon qual	ıfıes as a	a publicly	, ▶ ┌
18	Private Foundation If the organizations	tion did not check	a box on line 13,	16a, 16b, 17a or	1/b, check this	box and :	s e e	▶ □

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you	checked the	box on line 9 of	f Part I.)			
	ction A. Public Support	Т	_	T		T	Г
Cale	ndar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	ın) Gıfts, grants, contributions, and						
-	membership fees received (Do not						
	ınclude any "unusual grants`")						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt						
	purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						
4	business under section 513 Tax revenues levied for the			-			
4	organization's benefit and either						
	paid to or expended on its						
	behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
6	the organization without charge Total. Add lines 1 through 5						
	A mounts included on lines 1, 2,						
, u	and 3 received from disqualified						
	persons						
b	A mounts included on lines 2 and 3						
	received from other than disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6) ction B. Total Support						
	ndar year (or fiscal year beginning		1				
Cale	in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
C	Add lines 10a and 10b Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
	11 and 12)				6.61	===:	
14	First Five Years If the Form 990 is for	r the organizat	ion's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orgar	iization, ► □
	check this box and stop here						-1
Se	ction C. Computation of Publi	c Support P	ercentage				
15	Public Support Percentage for 2009			13 column (f))		15	
16	Public support percentage from 2008	3 Schedule A . F	Part III. line 15			16	
	Tappant portainings from 2000		,			10	
Se	ction D. Computation of Inve	stment Inco	nme Percents	ne			
17	Investment income percentage for 2				n (f))	17	
	Investment income percentage from				· X11		
18	·		,		1 to	18	
19a	33 1/3% support tests—2009. If the more than 33 1/3%, check this box a					man 33 1/3% and	i iine 1/ is not
	organization	ing stop liele. I	ne organization qu	uannes as a publ	iciy supported		
b	33 1/3% support tests—2008. If the	organızatıon dı	d not check a box	on line 14 or line	e 19a, and line 16	is more than 33	1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

Additional Data

Software ID: Software Version:

EIN: 94-1517208

Name: MONTEREY HISTORY & ART ASSOCIATION LTD

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
STANTON CENTER		5,078	5,078		
PUBLICATIONS - OTHER		1,888	1,888		
HISTORIC MONTEREY INCOME		705	705		
EDUCATION PROGRAMS		1,375	1,375		
COOKBOOK LUNCHEONS		1,600	1,600		

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Postage and Shipping	2,101		2,101	
EXHIBITS	101,848	101,848		
DUES & SUBSCRIPTIONS	4,477		4,477	
DIRECT PROGRAM	11,962	11,962		
BOARD & TRUSTEE EXPENSES	1,668		1,668	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493227044111

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Open to Public

	ne of the organization TEREY HISTORY & ART ASSOCIATION LTD		Employer identification number				
Pa	rt I Organizations Maintaining Donor A	dvised Funds or Other Similar I		1517208 or Accounts. Complete if the			
	organization answered "Yes" to Form 99	0, Part IV, line 6.					
		(a) Donor advised funds	((b) Funds and other accounts			
	Total number at end of year						
	Aggregate contributions to (during year)						
	Aggregate grants from (during year)						
	Aggregate value at end of year						
	Did the organization inform all donors and donor advi funds are the organization's property, subject to the	•	onor advi	rsed Yes No			
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit						
aı	t II Conservation Easements. Complete	if the organization answered "Yes"	to Forn	n 990. Part IV. line 7.			
	Purpose(s) of conservation easements held by the o Preservation of land for public use (e.g., recreate Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual easement on the last day of the tax year	on or pleasure) Preservation of a	a certifie	ically importantly land area d historic structure onservation			
	easement on the last day of the tax year			Held at the End of the Year			
а	Total number of conservation easements		2a	Tield at the End of the Teal			
ь Б	Total acreage restricted by conservation easements		2b				
c	Number of conservation easements on a certified his		2c				
d	Number of conservation easements included in (c) a	· ·	2d				
	Number of conservation easements modified, transfer the taxable year -		ted by th	ne organization during			
	Number of states where property subject to conserva						
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		naiing or	Yes No			
	Staff and volunteer hours devoted to monitoring, insp						
	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easemen	ıts durıng	g the year ► \$			
	Does each conservation easement reported on line 2 $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$?	2 (d) above satisfy the requirements of se	ection	☐ Yes ☐ No			
	In Part XIV, describe how the organization reports c balance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organization's financi					
ar	Organizations Maintaining Collection Complete if the organization answered		, or Otl	her Similar Assets.			
а	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fire	for public exhibition, education or resea	ırch ın fu				
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research					
	(i) Revenues included in Form 990, Part VIII, line 1			► \$			
	(ii) Assets included in Form 990, Part X			▶ \$			
	If the organization received or held works of art, hist following amounts required to be reported under SFA	,	for finan				
а	Revenues included in Form 990, Part VIII, line 1			▶ \$			
b	Assets included in Form 990, Part X			▶ \$			
	· · · · · · · · · · · · · · · · · · ·						

Part	Organizations Maintaining Co	llections of Art	, His	torio	cal Tro	<u>easu</u>	res, or C)the	r Simil	ar Ass	ets (co	ontinued)
3	Using the organization's accession and other items (check all that apply)	rrecords, check any	y of th	e foll			_			collectio	n	
а	✓ Public exhibition		d	\vdash	Loan o	rexch	hange progi	rams				
b	Scholarly research		e	\vdash	Other							
c	✓ Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ın hov	v they	further	the o	rganızatıor	ı's ex	cempt pu	rpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								nılar	Г	Yes	▼ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						ı answere	d "Y	es" to F	orm 99	0,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	diary	for co	ontribut	ions c	r other ass	etsi	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ıng ta	ıble		Γ			A mo	unt	
c	Beginning balance							1c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	orm 990. Part X June	2 2 1 2				L		<u>l</u>	Г	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV									'		,
	rt V Endowment Funds. Complete		n ans	were	d "Yes	" to !	 Form 990	Par	t IV. lın	e 10.		
الندم		(a)Current Year		Prior Y			vo Years Back		Three Year		e) Four Y	ears Back
la	Beginning of year balance	541,808			541,808							
b	Contributions											
c	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities											
£	and programs							+				
f	Administrative expenses	541,808			541,808			+				
g	End of year balance				341,000							
2	Provide the estimated percentage of the yea	r end balance held a	is									
а	Board designated or quasi-endowment											
b	Permanent endowment F 100.000 %											
С	Term endowment 🕨											
3 a	Are there endowment funds not in the posses organization by	ssion of the organiza	ation 1	that a	re held	and a	dministere	d for	the		Yes	No
	(i) unrelated organizations									. 3a(i)		No
	(ii) related organizations									3a(ii)		No
b	If "Yes" to 3a(II), are the related organization		d on S	ched	ule R?					. 3b	İ	No
4	Describe in Part XIV the intended uses of th	e organization's end	dowme	∍nt fur	nds							
Par	t VI Investments—Land, Buildings	s, and Equipme	nt. S	ee Fo	orm 99)0, Pa	art X, line	10.				
	Description of investment				Cost or o		(b)Cost or o basis (othe		(c) Accu depred	mulated ciation	(d) Bo	ook value
1a	_and											
b	Buildings						4,828	8,059		2,161,798		2,666,26
c	_easehold improvements						197	7,476		149,633		47,84
d	Equipment						242	2,751		204,502		38,24
e	Other						1					
	I. Add lines 1a-1e (Column (d) should equal Fo					$\overline{}$					+	$\overline{}$

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b)Book value		d of valuation - year market value
Financial derivatives		200101011401	year market rarae
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	=/:-=/:		
Part VIII Investments—Program Related. Se	e Form 990, Part X, line		
(a) Description of investment type	(b) Book value		d of valuation - year market value
-		COSE OF CITAL OF	year market variat
-			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, III (a) Descrip			(b) Book value
NET INTANGIBLE ASSETS	ption		(b) book value
LAND LEASE - NET			315.000
			315,000
INTEREST IN CHARITABLE REMAINDER TRUST			16,317
HISTORIC ADOBES			38,836
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2			370,153
Part X Other Liabilities. See Form 990, Part >			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes			
See Additional Data Table			
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)			
	i		

Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts
1	Total revenue (Form 990, Part VIII, column (A), line 12)	2
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year Subtract line 2 from line 1	2
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8
9	Total adjustments (net) Add lines 4 - 8	9
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Return
1	Total revenue, gains, and other support per audited financial statements	1
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12	
а	Net unrealized gains on investments	
b	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIV)	
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
b	Other (Describe in Part XIV)	
С	Add lines 4a and 4b	4c
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5
	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per Return
1	Total expenses and losses per audited financial statements	1
2	A mounts included on line 1 but not on Form 990, Part IX, line 25	
а	Donated services and use of facilities	
b	Prior year adjustments	1
c	Other losses	
d	Other (Describe in Part XIV) 2d	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a]
b	Other (Describe in Part XIV)]
c	Add lines 4a and 4b	4c
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5
	rt XIV Supplemental Information	
roD	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Po	art IV , lines 1b and 2b,

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
Part XI, Line 8	,	CHANGE IN VALUE OF SPLIT-INT AGREEMENTS \$20 UNREALIZED GAIN ON INVESTMENTS \$31958
Part V, Line 4	Part V , Line 4 Intended uses of the endowment fund	GENERAL AND RESTRICTED USES, AS DICTATED BY THE DONORS
Part III, Line 1a	elected under SFAS 116 to not report are, historical treasures, o	THE ASSOCIATION'S WORKS OF ART, ARTIFACTS AND MATERIALS INCLUDE OLD ADOBE HOMES, IMPORTANT HISTORICAL GOVERNMENT BUILDINGS, BOOKS, MANUSCRIPTS, PICTURES, COSTUMES, PAINTINGS, FURNITURE AND OTHER HISTORIC ARTIFACTS THAT PLAYED A DISTINCTIVE PART IN THE HISTORY OF EARLY SPANISH, MEXICAN AND AMERICAN CALIFORNIA

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DLN: 93493227044111

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

licensing

SCHEDULE G

Fundraising or Gaming Activities or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. 🏲 Attach to Form 990 or Form 990-EZ. 🏲 See separate instructions.

Supplemental Information Regarding

Name of the organization

Employer identification number

MONTEREY HISTORY & ART A	SSOCIATION LTD				94	-1517208		
	tivities. Complet s are not required			tion answered "Yes" is part.	to Form 99	0, Part IV	, line 17.	
 Indicate whether the organ Mail solicitations Internet and e-mail so Phone solicitations In-person solicitations Did the organization have or key employees listed in If "Yes," list the ten higher to be compensated at lease 	licitations s a written or oral agre Form 990, Part VII st paid individuals oi	eement wi) or entity rentities	e f g ith any ind y in conne (fundraise	Solicitation of noi Solicitation of gov Special fundraisin dividual (including office ection with professional ers) pursuant to agreem	n-governmen vernment gra ng events ers, directors, fundraising a ents under w	t grants nts . trustees ctivities? hich the fur	ndraiser is	V N∉
(i) Name of individual or entity (fundraiser)	(i) Name of individual		Did ser have ody or rol of utions?	(iv) Gross receipts from activity	(v) A mour (or retain fundraiser col	ned by) listed in	(vi) A mount pa (or retained l organizatio	oy)
Гotal								
				1	1		ı	

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or

		more than \$15,000 on Form	(a) Event #1	(b) Event #2	(c) O ther Events	(d) Tota	al Ever	nts
			MERIENDA EVENT			(Add col		
			(event type)	(event type)	(total number)		(-)	
Reveirue	1 2	Gross receipts Less Charitable	27,875	5			27	,875
Re	3	contributions Gross income (line 1 minus line 2)	27,875	5			27	,875
	4	Cash prizes						
60	5	Non-cash prizes						
nse	6	Rent/facility costs	1,456	5			1	1,456
Expenses	7	Food and beverages	3,25	3			3	3,253
Direct	8	Entertainment	3,750				3	3,750
ā	9	Other direct expenses .	5,692	2			5	5,692
	10	Direct expense summary Add lir	es 4 through 9 ın column	(d)	🛌		14	,151
	11	Net income summary Combine li	nes 3, column d, and line	10			13	3,724
Par	t II	Gaming. Complete if the o \$15,000 on Form 990-EZ, li		"Yes" to Form 990, Pa	rt IV, line 19, or rep	orted more	than	
<u>Ф</u>		ψ13/000 cm rorm 330 <u>LL/</u> m	(a) Bingo (b) Pull tabs/Instant (c) Other gaming				al gamı (a) thr	
Revenue		bingo/progressive bingo						
	1	Gross revenue						
မှ မ	2	Cash prizes						
Expenses	3	Non-cash prizes						
	4	Rent/facility costs						
Drea	5	Other direct expenses						
	6	Volunteer labor	Г Yes% Г No	┌ Yes%	│ Yes% │ No	_		
	7	Direct expense summary Add line	s 2 through 5 ın column ((d)				
	8	Net gaming income summary Com	ıbıne lınes 1, column d, a	nd line 7				
							Yes	No
9 a b	Ist	ter the state(s) in which the organiz the organization licensed to operate 'No," Explain				· 9a		
-	_	· '						
10a b		re any of the organization's gaming Yes," Explain	licenses revoked, susper	nded or terminated during	the tax year?	10a		
	_							
11	Do	es the organization operate gaming	activities with nonmembe	ers?		11		
		the organization a grantor, beneficia					1	

			Yes	No
L3	Indicate the percentage of gaming activity operated in	ĺ		
а	The organization's facility			
b	An outside facility			
4	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name 🟲			
	Address ▶			
	Address •			
_				
5a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	45-		
ь	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	15a		
	amount of gaming revenue retained by the third party 🟲 \$			
c	If "Yes," enter name and address			
	Name ►			
	Address 🕨			
6	Gaming manager information			
	Name ▶			
	Gaming manager compensation 🕨 \$			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
7	Mandatory distributions			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	17a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent			

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DLN: 93493227044111

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0

(Form 990) Department of the Treasury

Internal Revenue Service

Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information. ► Attach to Form 990.

Supplemental Information to Form 990

Name of the organization

Employer identification number MONTEREY HISTORY & ART ASSOCIATION LTD 94-1517208

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	AVAILABLE UPON REQUEST

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	NO REVIEW PROCESS WAS OR WILL BE CONDUCTED

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 7a	Form 990, Part VI, Line 7a How Members or Shareholders Elect Governing Body	THE MEMBERS ARE ALLOWED TO PARTICIPATE IN THE ANNUAL BOARD MEETING INCLUDING THE ELECTION OF OFFICERS

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 6	Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	THE ASSOCIATION HAS MEMBERS THAT FOR A MEMBERSHIP FEE ARE ENTITLED TO FREE ADMISSION TO THE MUSEUM, EARLY INVITATION TO CERTAIN EVENTS AND EXHIBITS AND ENTITLED TO PARTICIPATE IN THE ANNUAL MEETING

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 5	Form 990, Part VI, Line 5 Description of Material Diversion of Assets	The organization is currently conducting an investigation into various issues of mismanagement during the reporting period ended September 30, 2010, as well as prior reporting periods. This mismanagement relates to the documentation of the organization's collection and the protection of the collections from misappropriation, as well as the possible diversion of other assets and funds of the organization. In the event the organization determines that any material misappropriation or diversion of the organization's assets or funds occurred during the current or any prior reporting period, the organization will disclose such misappropriation or diversion on the organization's IRS Form 990 for the fiscal year ending September 30, 2011.